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ABSTRACT

Dually diagnosed adolescents suffering from both severe emotional disturbance and substance abuse/addiction constitute a special population which poses a challenge to health professionals in special education as well as clinical settings. The prevalence of substance use, abuse, and addiction has been shown to be significantly above the national average for severely disturbed adolescents. Typically, the dually diagnosed adolescent falls between the cracks of both the mental health and chemical dependency treatment communities. The interaction of vulnerable individuals, external traumatic stress, and a particular drug effect may synergistically cause dramatic clinical symptoms, including personality changes and deficits in interpersonal skills. The relationship between suicidal ideation and self-destructive behavior as an intrinsic aspect of substance abuse is discussed, and the need for specific treatment programs and specialized facilities is cited. (JW)

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EMOTIONAL DISTURBANCE AND SUBSTANCE ABUSE/ADDICTION

SPECIAL EDUCATION PROGRAMMING FOR THE DUALLY-DIAGNOSED ADOLESCENT

Roman C. Bogdaniak

The severely emotionally disturbed substance abusing adolescent represents a covert sub-population that profoundly challenges the diagnostic and therapeutic skills of health professionls in both the special education and clinical settings. Historically, "mental illness" has been a lable that has included psychosis, neurosis, depression and many other psychiatric conditions, as well as alcoholism and drug addiction. Typically, the dually-diagnosed fall between the cracks of both the mental health and chemical dependency treatment communities. Though a simplification, the substance abuse is seen as a symptom of the emotional disturbance by the mental helath community and the emotional disturbance is seen as a symptom of the substance abuse by the chemical dependency treatment community. It can reasonably be said that all substance abusers are mentally disturbed to some extent; however, attention here will be directed to individuals with diagnosed affective disorders and psychosis who abuse drugs, as defined within the DSM III.

We have just begun to scratch the surface of attempting to acknowledge persons with dual disabilities and view their dilemna as a separate problem entity. Overlaps do exist in the ADM populations and the dually diagnosed patient must finally be acknowledged in our nation's health care system. At present, therapeutic communities are based theoretically on the homogeneity of their populations. It is within this therapeutic framework that the undiagnosed emotionally disturbed substance abusers find their way into various treatment programs. Most chemical dependency programs are not designed for , or capable of, handling emotionally disturbed patients, which often causes a disruptive interaction in the milieu and premature discharge of the patient before any therapeutic benefit has been attained.

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Because of a lack of training and/or a reluctance to utilize the differential diagnosis mode, many patients with psychiatric and/or substance abuse disorders go undetected. Helping professionals who have not received appropriate training or have not worked extensively with identified substance abusers, may not recognize the signs and symptoms of chemicaly dependency in a patient's appearance, behavior or history. Patients with psychiatric disabilities may turn to substance abuse in an attempt to cope with thier mood disturbances, as a defense against anxiety, to reduce discomfort caused by delusions or hallucinations, and/or as a way to counteract their emotional blunting. Diagnosis of persons with primary substance abuse are often confounded by the fact that they can give rise to pharmacologically induced mood changes or lead to depressing psychosocial consequences. Assessment and diagnosis is made even more coplex by today's young, chronic psychiatric population who are also self-medicating poly-drug abusers. This simultaneous abuse of different mind-altering drugs, often in combination with alcoholic beverages, is a phenomenon stimulating increasing concern within therapeutic communities.

The interaction of vulnerable individuals, external traumatic stress, and a particular drug effect may synergistically cause dramatic clinical symptoms. These symptoms include changes in personality, withdrawal from the environment, though disorder, blunted or inappropriate affect, hallucinations, and/or delusions. Other observed symptoms are deficits in interpersonal skills (i.e., conversation, problem solving, assertiveness), leisure skills, and/or independent living skills.

The most evident form of deterioration of mental state appears as change in behavior. This deterioration of behavior often precedes or accompanies a change in the substance abuse pattern. This may take the form of increased or idosyncratic use of an already abused chemical or the introduction of a secondary or tertiary drug. Behavioral manifestations are frequently triggered by an external traumatic stress - the loss of a person, object,

job, or support. This stress triggers ego disorganization, in which the use/abuse of the drug serves both to relieve the distress and as a signal to obtain help.

The role of drugs in this group of patients is intricate and pervasive, and the process of giving up the abused drug strips the individual of a major defensive and adaptive tool. In such circumstances, patients experience tremendous feelings of emptiness and depression. The lack of availability of the patients "chemical crutch" tends to intensify the psychopathological symptoms of the substance abuser. A substance abuser needs to control the drugs he ingests, the amounts taken, and the circumstances under which they are taken. The passivity intrinsic to clinical supervision triggers a defensive posture and frequent non-compliance to any suggested form of therapy.

The majority of the dually-diagnosed patients fall into the diagnostic categories of borderline personality disorder and schizophrenia. The relationships between substance abuse and schizophrenia is complex and confusing. A number of studies addressing this issues utilize such terms as "incipient schizophrenia", "schizophreniaform disorder", and "schizoid personality", implying a propensity, under stress, to become schizophrenic. The issues of propensity or vulnerability toward schizophrenia creates unstable diagnostic categories. This further complicates determinations of the incidence of schizophrenia among substance abusers. Yet, research studies have pointed out that significant numbers of schizophrenics abuse alcohol and appear to be alcoholics when seen by mental helath intake workers. Precipitation or uncovering of a schizophrenic process may occur after withdrawal and detoxification from an abused substance. In schizophrenic and borderline patients, the abused substance acts as psychological cement or as a surrogate ego, and withdrawal leads to profound confusion and disorganization. The process often unmasks heretofore latent psychopathological processes.

The most dangerous aspect associated with severe mental disturbance is suicidal ideation. The substance abusing population in general represent a serious suicide risk. Self-destructive behavior is an intrinsic aspect of substance abuse that behaviorally seems very similar to suicidal behavior in non-drug abusers. This produces a rate of suicide attempts as high as 150 times greater than that recorded in the general population. Frequently the drug of primary abuse is not used in the suicide attempt, and the behavior may not be recognized against the background of chronic self-destructive activities. There exists a fine line between their attempts to reach increased levels of intoxication and the taking of a fatal overdose. The suicide attempt is often related to loss of a need-fulfilling person, in which drugs act as the vehicle for the patient's rage, turned ultimately against themselves. The separation of what might be termed "drug greed", from the violent clinical form of acting out behavior is difficult. Furthermore, the suicidal behavior may exist without any outward signs of depression. On the contrary, the symptom most feared in this population is elation and sudden tranquility. In a general sense, every substance abuser is a potential suicide victim and requires careful vigilance and evaluation by all health care professionals.

The trend towards specialization in the substance abuse field and the recent development of the subspecialty of the dually-diagnosed, provide some reason for restrained optimism. A great deal more research is needed in this direction, for there is little chance of this population diminishing in time without the creation of specific treatment programs and specialized facilities. Even now there seems to be an increasing recognition of the dually-diagnosed population. Some present therapeutic communities have broadened their treatment scope to include emotionally disturbed individuals, and professional mental health workers have been added to their therapeutic staffs in an effort to cope with this complex issue. Chemical dependency and mental illness cannot presently be cure, but both of these chronic diseases can and should be diagnosed, managed and treated properly.

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